



OBLIGOR'S REQUEST FOR ADMINISTRATIVE REVIEW

To request a review please fill out this form and mail it to the address indicated below.
YOU CANNOT REQUEST AN ADMINISTRATIVE REVIEW BY TELEPHONE

NAME: _____
RESIDENTIAL ADDRESS: _____
ATLAS CASE NUMBER: _____ - ____

Pursuant to state and federal law, you may request the Department of Economic Security, Division of Child Support Enforcement (the Department) to conduct an administrative review based on any of the actions listed below. If you want to request an administrative review of the Department's action or proposed action, please fill out this form and return it with a copy of the notice you have received to the Department within the number of days provided on the notice.

I Am Requesting An Administrative Review Based on the Following Action:

- | | |
|--|---|
| <input type="checkbox"/> IRS Income Tax Refund Intercept | <input type="checkbox"/> Administrative Lien |
| <input type="checkbox"/> DOR Income Tax Refund Intercept | <input type="checkbox"/> Lottery Winnings Intercept |
| <input type="checkbox"/> Unemployment Insurance Withholding | <input type="checkbox"/> Workers' Compensation Withholding |
| <input type="checkbox"/> Order to Stop/Modify Income Withholding Order | <input type="checkbox"/> Federal Administrative Offset |
| <input type="checkbox"/> Reporting to a Consumer Credit Agency | <input type="checkbox"/> Passport Denial |
| <input type="checkbox"/> License Suspension | <input type="checkbox"/> Transfer of Support Rights/Disbursement of Support |

Reason for requesting the Administrative Review:

- ☐ I am not a party to this action (mistaken identity).
☐ I am in Chapter 13 bankruptcy and monies paid can only be applied to cu
☐ I am not obligated to pay support. The child(ren) is/are emancipated, deceased or adopted.
☐ I do not owe past due support.
☐ The monies being withheld are exempt under A.R.S. \ 33-1133(C) or other
☐ The amount of support retained by the state was not subject to the assi

I enclosed the following Information to substantiate my claim:

- ☐ Canceled check(s) (front and back)
☐ Birth or death certificates
☐ Money order(s)/receipt(s)
☐ Pay stub(s) showing child support is being withheld
☐ School record(s)
☐ Receipt(s) for child support payments made in cash
☐ Day care record(s) showing that I have physical custody
☐ Signed and notarized statement(s) by the custodial person
☐ Court orders for change of custody
☐ Other document(s) that will assist the Department: _____

(Please use the reverse side or a separate sheet of paper for additional comments about your request)

Signature of Person Requesting Administrative Review

RETURN TO:

**Division of Child Support Enforcement
Administrative Review Unit
PO BOX 40408
Phoenix, Arizona 85067**